



Receipt
FILE COPY

PATENT

ATTORNEY DOCKET NO.: KCX-126-DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of)	
TERRY N. TANKERSLEY et al.)	
)	
Serial No.: 09/159,436)	Art Unit: 3741
)	
Filed: September 24, 1998)	Examiner: Moharty, B.
)	
Title: FOLDED SURGICAL GOWN FOR ASEPTIC)	
DONNING, APPARATUS AND METHOD FOR)	
PRODUCING SAME)	

REQUEST FOR CORRECTED FILING RECEIPT

Box Issue Fee
Assistant Commissioner for Patents
Washington, DC 20231

Dear Sir:

This letter requests a correction to the Official Filing Receipt issued by the PTO in relation to the above-identified application.

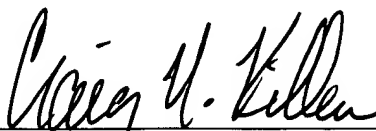
The names of all three inventors were omitted from the Filing Receipt, a copy of which is attached as Exhibit A. The inventors are: Terry N. Tankersley, of LaGrange, Georgia; Stephen G. Will, of Marietta, Georgia; and Richard A. Willett, of Loganville, Georgia. The inventors were listed on the Declaration from the parent case, a copy of which was provided when the present divisional application was filed.

The filing receipt also omits applicants' claim of priority to the parent case under 35 U.S.C. § 120. As noted in block 17 of applicants' Utility Patent Application Transmittal (Form PTO/SB/05), the present application is a divisional of copending parent application 08/827,920.

Applicants respectfully request the issuance of a corrected Filing Receipt to correct this omission.

Respectfully submitted,

DORITY & MANNING, P.A.



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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail under 37 CFR 1.8 and is addressed to: Box Issue Fee, Assistant Commissioner for Patents, Washington, DC 20231, mailed on December 13, 1999.

Martha Boynton

Typed or printed name of person mailing paper or fee



Signature of person mailing paper or fee

FILING RECEIPT



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Patent and Trademark Office
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/159,436	09/24/98	3741	\$790.00	KCX-26-DIV	16	17	2

NEIL C JONES
DORITY & MANNING
700 E NORTH STREET
SUITE 15
GREENVILLE SC 29601

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Application Processing Division's Customer Correction Branch within 10 days of receipt. Please provide a copy of the Filing Receipt with the changes noted thereon.

Applicant(s)

TITLE

FOLDED SURGICAL GOWN FOR ASEPTIC DONNING APPARATUS AND METHOD FOR PRODUCING SAME

PRELIMINARY CLASS: 223

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OCT 22 1998

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SERIAL NUMBER 09/159,436	FILING DATE 09/24/98	CLASS 223	GROUP ART UNIT 3741	ATTORNEY DOCKET NO. KCX-26-DIV
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APPLICANT	TERRY N. TANKERSLEY, LA GRANGE, GA; STEPHEN G. WILL, MARIETTA, GA; RICHARD A. WILLETT, LOGANVILLE, GA.			
	<p>**CONTINUING DOMESTIC DATA*****</p> <p>VERIFIED THIS APPLN IS A DIV OF 08/827,920 04/08/97 PAT 5,862,525</p>			
	<p>**371 (NAT'L STAGE) DATA*****</p> <p>VERIFIED</p>			
	<p>**FOREIGN APPLICATIONS*****</p> <p>VERIFIED</p>			

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/17/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GA	SHEETS DRAWING 16	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS	NEIL C JONES DORITY & MANNING 700 E NORTH STREET SUITE 15 GREENVILLE SC 29601	

TITLE	FOLDED SURGICAL GOWN FOR ASEPTIC DONNING APPARATUS AND METHOD FOR PRODUCING SAME
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FILING FEE RECEIVED \$790	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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